Available online at www.sciencedirect.com
ScienceDirect
Journal of Forensic and Legal Medicine 14 (2007) 59
JOURNAL OF FORENSIC AND LEGAL MEDICINE
www.elsevier.com/jflm

Alcimedes

Available online 16 November 2006

Cocaine is the most powerful central nervous stimulant found in nature and all forms of the drug cause tachycardia and vasoconstriction. ''Crack'' cocaine, which vaporises at a low temperature and can be easily inhaled through a heated pipe, enjoys its popularity because smoking the drug readily introduces a high concentration of cocaine into the bloodstream. However, this also renders it especially dangerous as Alcimedes was reminded on reading a case report in which a 32-year old woman developed severe aortic vasoconstriction from the suprarenal aorta and extending to both femoral arteries and beyond, resulting in renal failure and fatal bowel ischemia after a 5-day binge of crack cocaine (*J Emerg Med* 2006;**32**:181–4).

Alcohol dependency is common amongst those detained in police custody and forensic physicians have to consider the possibility that those who misuse alcohol may develop seizures. A review article reminds us that alcohol-related seizures are defined as adult-onset seizures that occur in the setting of chronic alcohol dependence (*J Emerg Med* 2006;**32**:157–63). Although alcohol withdrawal is the cause of seizures in a subgroup of these patients, other concurrent risk factors including pre-existing epilepsy, structural brain lesions, and the use of illicit drugs can contribute to the development of seizures in many patients. Alcohol-related seizures are typically brief, generalised tonic–clonic seizures that occur 6–48 h after the last drink and frequently present in the absence of other signs of alcohol withdrawal. Benzodiazepines are effective in preventing both initial and recurrent seizures in alcohol dependent individuals, with longer-acting drugs appearing to be slightly more effective than shorter-acting ones.

There is a diagnostic dilemma when a child presents with rib fractures after cardiopulmonary resuscitation (CPR) where child abuse is suspected as the cause of collapse. A systematic review that aimed to establish whether cardiopulmonary resuscitation causes rib fractures in children and, if so, what the frequency and characteristics of these fractures are that may help to distinguish them from rib fractures caused by physical abuse, provides some important evidence to resolve the dilemma (*Child Abuse & Neglect* 2006;**30**:739–51). Data on 923 children who underwent CPR were analysed. Of these, only three children sustained rib fractures as a result of the resuscitation and in all three cases the fractures were anterior (two midclavicular and one costo-chondral). The authors did not find any child in the literature who sustained a posterior rib fracture due to CPR. They concluded that rib fractures after cardiopulmonary resuscitation are rare and when they do occur, they are anterior and may be multiple.

Ingesting multiple packets of drugs (''body packing'') is a well recognised method of smuggling. Traditionally, body-packers have tended to be young adults, usually males. However, the demographics appear to be changing and we are now seeing reports of children, older patients and pregnant mothers being involved. One such case report involved a pregnant cocaine body-packer who required a perimortem caesarean section after the rupture of a cocaine package (*Ann Emerg Med* 2006;**48**:323–5). The authors argue that adaptations, based on anatomical and physiological differences in pregnancy, are needed to standard management algorithms and resuscitation techniques for body packers in order to reduce maternal and foetal morbidity and mortality in the presence of packet rupture.

Assessing the risk of deliberate self-harm and suicide is a considerable challenge for those caring for persons detained in police custody and much can be learnt from experience gained in prisons. The Suicide Risk Assessment Scale (SRAS) has been found useful in correctional settings in Canada where it is part of the intake assessment for all offenders. A recent study to further validate the tool showed that the SRAS performed better than a more elaborate test in predicting risk (*Int J Law Psychiatry* 2006;343–54). The scale consists of nine indicators, scored as absent or present. The presence of a single one of these indicators makes it mandatory to refer for a clinical assessment of suicide risk. However, if the scale was to be adopted by custody staff in police stations, there is likely to be a huge rise in the number of referrals to healthcare professionals, as two of the indicators include whether the individual 'is presently experiencing major problems (i.e. legal)' and 'is currently under influence of alcohol/drugs'. The vast majority of those taken into custody by the police will have at least one of these two indicators present.

doi:10.1016/j.jcfm.2006.10.001